

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of
Dorsey birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10173

FILE NO. G 99 NOV 1 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County

Howard

City or town

Elliott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Josephine Boldison

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

f

W.

married

6. (b) Name of husband or wife

James O. Boldison

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 20, 1884

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Elliott City, Md.

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

George Clark

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof (month) (day) (year)



(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1546

10174

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County

Howard

City or town

Elliott City, Maryland

(If outside city or town limits, write RURAL and give nearest town)

20 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Guilford Road, Peffers Corner

How long in hospital or institution?

3. (a) FULL NAME

Josie Catherine Boritz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Morris Michael Boritz

7. Birth date of

deceased (mo., day, yr.)

March 5, 1893

8. (c) If alive, give age 45 years

8. AGE:

Years

Months

Days

It less than one day

52

7

20

hrs.

min.

9. Birthplace

Kline, Grant, W. Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Alice Klesner

13. Birthplace

West Virginia

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Morris Boritz

Address

Elliott City, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 28, 1945
(month) (day) (year)

Cemetery or crematory

St. John's Lutheran

Location

Howard County, Maryland

18. Funeral director

Eaton Sons

Address

Elliott City, Maryland

19.

10/26/45

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Howard

City or town

Elliott City

R. F. D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Guilford Road

Pfeffers Corner

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 25, 1945, at 8a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 23, 1945, to Oct. 25, 1945

and that I last saw her alive on Oct. 24, 1945

Immediate cause of death

Pulmonary Embolism

DURATION

2 days

Due to

Ch. Osteomyelitis of rt. Tibia

Due to

rt. Tibia

2 yrs.

Other conditions

✓

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Shipley, M.D.

M. D. or other

Savage, Md. Date signed 10/26/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93D

CERTIFICATE OF DEATH

16175

190

Reg. Dist. No....

1. PLACE OF DEATH:

County..... Howard

City or town..... Elbridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 60 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Samuel Weston Earp

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

8. (b) Name of husband or wife..... Annie P. Earp

7. Birth date of deceased (mo., day, yr.)..... June 9, 1860 6. (c) If alive, give age..... 73 years

8. AGE: Years..... 85 Months..... 4 Days..... 19 If less than one day..... hrs...... min.

9. Birthplace..... Rockbury Ind. (Town, county, and state)

10. Usual occupation..... Retired Postle Clerk

11. Industry or business

FATHER 12. Name..... James W. Earp

13. Birthplace..... Laurel, Md.

MOTHER 14. Maiden name..... Catherine Weaver

15. Birthplace..... Elbridge Md.

16. Informant..... S. Lester Earp

Address..... 5503 Main St. Elbridge Md.

17. Burial 18. (Burial, cremation, or removal. Which?)..... Date thereof..... Oct 31 1945 (month) (day) (year)

Cemetery or crematory..... Melville Cemetery

Location..... Elbridge, Md.

18. Funeral director..... S. Lester Earp

Address..... Elbridge Md.

19. (Date rec'd by registrar)..... Oct. 31 1945 (Miss) Bird Miller (Signature) (Date)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Howard

City or town..... Elbridge 27 (If outside city or town limits, write RURAL and give nearest town)

Street No..... 5503 Main St. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 28 1945 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4, 1945 to Oct 28, 1945 and that I last saw h. in alive on Oct 28, 1945

Immediate cause of death.....

Acute coronary occlusion 2 da.

Due to..... Myocardial infarction 10 mo.

Due to..... Hypertension 1 da.

Other conditions..... Hypertension 18 yrs.

Other conditions..... Arterial hypertension 18 yrs.

(Include pregnancy within months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address..... 5609 Main St. Elbridge Md. Date signed..... Oct 30 1945



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

10176

Reg. Dist. No. 190

1. PLACE OF DEATH:
 County Howard
 City or town Elkridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clara E. Grinn4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife George H. Grinn7. Birth date of deceased (mo., day, yr.) May 7, 1885 6. (c) If alive, give age years8. AGE: Years 60 Months 5 Days 6 If less than one day hrs. min.9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation.

11. Industry or business

12. Name Milton Griffin13. Birthplace Maryland14. Maiden name Elizabeth15. Birthplace Maryland16. Informant Mr. George H. GrinnAddress 2011 Furnace Ave17. Burial Burial Date thereof 10-16-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WesternLocation Baltimore Md18. Funeral director Harry H. WitkeAddress 4101 Edmondson Ave19. Date rec'd by registrar Oct. 16 1945 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Md. County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 2011 Furnace Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 - 1945

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on Oct 13 1945Immediate cause of death Carcinomaof right lung +of rt. & left glandularlungMajor conditionplus suffering 2 mo

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Carcinoma by Dr. M. H. H. WitkeMass of fluid from chest Date of op. Oct. 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. H. H. Witke M. D. or other Dr. M. H. H. WitkeDate signed Oct 17 1945

RECEIVED
OCT 17 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

16177

195

Reg. Dist. No.

1. PLACE OF DEATH:

County

Howard

City or town

Towman Rd near Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

76 days

Hospital, Institution, or street address where death occurred:

near Savage

How long in hospital or institution?

3. (a) FULL NAME

Samuel Fletcher Heason

3. (b) Social Security Number

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Sadie A. Heason

7. Birth date of deceased (mo., day, yr.)

Jan. 30, 1869

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

76 8 29 hrs. min.

9. Birthplace

Dayton, Howard Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Samuel Close Heason

12. Name

Samuel Close Heason

Lawnwood, Md.

13. Birthplace

Lawnwood, Md.

14. Maiden name

Marcia C. Miller

15. Birthplace

Baltimore, Md.

16. Informant

Mrs. Sadie A. Heason

Address

Towman Rd, Laurel P.O.

17. Burial

Date thereof

(Month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Mt. Zion Cemetery

Location

Highland Standard Co., Md.

18. Funeral director

E. Astor, Sons

Address

Elliott City, Md.

19. 10/31/45

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Towman Rd (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Savage, Md. (If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 29 1945 at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 23 1945 to 10 29 1945

and that I last saw him alive on 10 29 1945

Immediate cause of death Acute cerebrile

disease

Due to old Myocarditis 5 yrs

Due to old nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

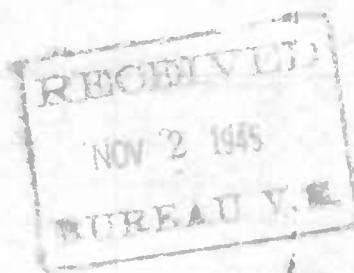
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. P. Warren M. D. or other

Address Laurel, Md. Date signed 10-30-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1128

10178

CERTIFICATE OF DEATH

Reg. Dist. No. _____

1. PLACE OF DEATH:

County Pinel Clinic
City or town Ellicott Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Ellicott City Md

Stay in hospital or Inst. (yrs., or mos., or days) _____

Stay in this community (yrs., or mos., or days) _____

3. (a) FULL NAME

HARRY HORWITZ

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced
Male White Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years Months Days If less than one day
48 hrs. min.9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation

11. Industry or business None

12. Name John Horwitz

13. Birthplace Russia

14. Maiden name Dora Shull

15. Birthplace Russia

16. Informant Mrs Sarah Leavey

Address 4618 Pimlico Road

17. Burial Date thereof October 10, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hebrew Washington Road Cem
Location Washington Blvd

18. Funeral director Sol Levinson & Bros

Address 1124-1126 W North Ave

19. 10-10 45
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard

City or town Ellicott City Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 9 1945, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 1 1945, to Oct. 9 1945, and that I last saw him alive on Oct. 9 1945.

Immediate cause of death

Gastric hemorrhage

Due to chronic gastritis

DURATION

Due to

Other conditions duanition
Anorexia Nervosa
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Df autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Edward F. Kerman M. D. *mother*
Address 2338 Tantau Place, Bpt Date signed 10-9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

10173

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Howard County

Elkridge City or town

(If outside city or town limits, write RURAL and give nearest town)

18 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

6623 Old Washington Blvd.

How long in hospital or institution?

3. (a) FULL NAME

STEFANIA LENCZYCKA

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

Benjamin Lenczycki

7. Birth date of deceased (mo., day, yr.)

December ? 1899

6. (c) If alive, give age 51 years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Poland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name Teofil Danielak

13. Birthplace Poland

14. Maiden name Sophie

15. Birthplace Poland

16. Informant Mr. Benjamin Lenczycki

Address 6623 Old Washington Blvd.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof October 17, 1945

(month) (day) (year)

Cemetery or crematory

Holy Rosary

Location German Hill Road

18. Funeral director

M. J. Ladowski & Sons

Address

1808 Eastern Avenue

19. (Date rec'd by registrar)

10/16 1945

A. W. Dabach

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Howard

City or town Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6623 Old Washington Blvd.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 13 1945 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1942 to Oct 13 1945

and that I last saw h. alive on Oct 13 1945

Immediate cause of death: Cancer of stomach

Metastasis to liver

Due to: Myocardial infarction

Due to: Cerebral hemorrhage

Due to:

Other conditions: Brain's Disease about 5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: Cancer of stomach

Date of op. April 1942

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 5609 Main St

Date signed Oct 13/45

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 1618490

1. PLACE OF DEATH:
 County Howard
 City or town Howard (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 34 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Agnes Theresa A. Larp4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Walter A. Larp7. Birth date of deceased (mo., day, yr.) Nov 1 - 1876 6. (c) If alive, give age years8. AGE: Years 68 Months 11 Days 25 If less than one day
 hrs. min. 9. Birthplace Baltimore City Md
 (Town, county, and state)10. Usual occupation domestic11. Industry or business MOTHER FATHER 12. Name Rudolph13. Birthplace Baltimore Md14. Maiden name unknown15. Birthplace "16. Informant Mr Rudolph LarpAddress Howard Md17. Burial Burial Date thereof Oct 27 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Loudon ParkLocation Baltimore Md18. Funeral director S. Lester LarpAddress Elkridge Md19. (Date rec'd by registrar) Oct 25 1945 (miss) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Howard
 City or town Hanover (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)

2.(a) If veteran, name war 3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1945 at 155 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 18 44 to Oct 25 1945
 and that I last saw her alive on Oct 20 1945Immediate cause of death acute coronary occlusion DURATION 2 daysDue to Chronic myocarditis 1940Due to Acute arteritis 1945Other conditions hypertension DURATION 5 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. Autopsy results

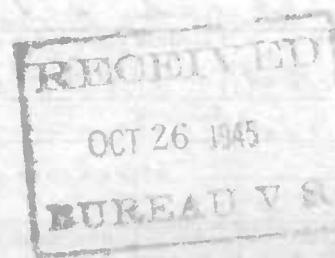
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE B. B. Brembaugh M. D. or other Address 809 Main St Elkridge Md Date signed Oct 25 1945

RECEIVED BY THE STATE OF ALABAMA

STATE OF ALABAMA



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Diat. No. 10181

1. PLACE OF DEATH:

County.....

Howard
Columbia Rd Ellicott CityCity or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 65 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Richard Baker Owings

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife..... Alice W. Owings

6.(c) If alive, give age..... 63 years

7. Birth date of
deceased (mo., day, yr.)..... June 1st, 1880

8. AGE: Years..... 65 Months..... 4 Days..... 25 If less than one day

hrs..... min.....

9. Birthplace..... Howard Co. Maryland

(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Our farm

12. Name..... John H. Owings

13. Birthplace..... Howard Co. Md.

14. Maiden name..... Sally Anne Dorsey

15. Birthplace..... Howard Co. Md.

16. Informant..... Mrs. Alice W. Owings

Address..... Simpsonville Md.

17. Burial..... Burial Date thereof..... Oct. 28, 1945

(Burial, cremation, or removal. Which?) Cemetery..... St. Johns Cemetery

Location..... Ellicott City, Md.

18. Funeral director..... Easton Sons

Address..... Ellicott City, Md.

19. (S) 27. 19. 45. John P. Vaughan. Date rec'd by registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County..... Howard

City or town..... Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No..... Columbia Road
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

/ None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 10-26-1945 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10/26 1945 to 10/26 1945

and that I last saw h. in alive on no date 19

Immediate cause of death.....

Coronary Thrombosis

DURATION

2 hours

Due to..... arteriosclerotic vascular
disease

1 yr.

Due to.....

Other conditions..... none

(Include pregnancy within 8 months of death)

Major findings of operations..... none

Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... George E. Burtt M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address..... Ellicott City, Md. Date signed 10/26/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

10182

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

County

Howard

City or town

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John E. Richardson

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mary E. Richardson

7. Birth date of deceased (mo., day, yr.)

April 29, 1881

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

64

5

3

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Steel Bridge Commission

FATHER

John E.

Richardson

Name

13. Birthplace

Md.

14. Maiden name

Pauline Gillis

15. Birthplace

Md.

16. Informant

Mrs. Mary E.

Richardson

Address

Elkridge, Md.

17. Burial

Date thereof

Apr. 5, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

New Windsor Carroll Co., Md.

18. Funeral director

C. Harry Weer

Address

Elkridge, Md.

19. C. H. Weer

(Date rec'd by registrar)

19. 4/5

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Carroll

City or town

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

10-2

19

45

at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-2 1945 to 10-2 1945

and that I last saw h. m. alive on

no date

18

Immediate cause of death

fractured pelvis with internal injuries

DURATION

4625 instant

Due to crushed under falling wall

Due to

Other conditions multiple contusions

instant

fracture left tibia

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

10/2/45

Where did injury occur

(City or town)

Howard Md.

Injured at home, farm, industry, public place (where?)

Public highway

Means of injury struck by falling wall

Injured at work

yes

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

10/2/45

Address

Elkridge Md.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

Reg. Dist. No. 101894

1. PLACE OF DEATH:

County Howard County
City or town Dayton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 77 yrs.

How long in hospital or institution?

3. (a) FULL NAME

Ellie May Scivior4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife William J. Scivior7. Birth date of deceased (mo., day, yr.) Aug. 5, 1868 6. (c) If alive, give age 87 years8. AGE: Years 77 Months 2 Days 10 If less than one day hrs. min.9. Birthplace Dayton, Howard Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name B. A. Nichols13. Birthplace Maryland14. Maiden name Mary Jane Hearn15. Birthplace Maryland16. Informant William J. SciviorAddress Dayton, Md.17. Burial Burial Date thereof (Oct 18, 1945)
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Marks CemeteryLocation Highland, Md.18. Funeral director Easton SonsAddress Ellicott City, Md.19. Oct 16 1945 S. A. Nichols
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Dayton, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15, 1945 at 11:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1945 to Oct 15, 1945 and that I last saw her alive on Oct 15, 1945.Immediate cause of death Cerebral hemorrhage DURATION 15 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. A. Nichols M. D. or other _____Address Clarksville Date signed Oct 17, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23d

CERTIFICATE OF DEATH

Reg. Dist. No. 10184 194

1. PLACE OF DEATH:

County.....

Howard
Glenelg

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Charles Alexander Warfield

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M W Widower

6. (b) Name of husband or wife

Rachel Elmer Warfield

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 1, 1876

8. AGE:

Years

Months

Days

If less than one day

69

8

2

hrs.

min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

Thos. O. Warfield

12. Name.....

Mother Father

13. Birthplace

Md

14. Maiden name.....

Laura Glorsey

15. Birthplace

Md

16. Informant.....

Howard W. Clark

Address

Glenelg, Md

17. Burial

Date thereof 11-2-45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Oak Grove Cem.

Location

Glenelg, Md

18. Funeral director.....

F.C. Neg. unknown

Address

Elliott City, Md

19. 11-1-45

(Date rec'd by registrar)

S. J. Nichols

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County Howard

City or town.....

Glenelg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

10/31 1945 at 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/28 1945 to 10/31 1945

and that I last saw him alive on 10/30 1945

Immediate cause of death

Cardiac Vasculitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. F. Barnes M.D.

M. D. or other

S. J. Nichols M.D. Date signed 10/31/45

Address

